

WSS CASE MANAGEMENT FORM

Open

GENERAL INFORMATION

Number:
2

Status:

- ☒ Accept
- ☐ Reject
- ☐ In Review
- ☐ Withdrawn

Process Type:

- ☒ PVIWP
- ☐ Walk-In
- ☐ Organizational Assessment
- ☐ Training
- ☐ Negotiated Grievance Procedure
- ☐ Administrative Grievance Procedure
- ☐ Informal EEO
- ☐ Formal EEO

Notes:OIG/DHS

Issue:

OIG employee allegedly accosted by EPA DHS employee

OCR Contact Date:

ADR Elec Date:
10/25/2013

Received by WSS Date:
10/25/2013

Acceptance Date:
10/25/2013

Closure Date:

Fiscal Year:
2014

Assigned To:
Barbara Viney

Amount of Time in Minutes on ADR/Training/etc:

Additional Time Spent (in minutes):
0

Add Additional Time Spent

Clear Overall Time Spent

Overall Time Spent:
270 minute(s)
4.5 hour(s)

Disposition (ADR Actions):

- ☐ Parties Contacted
- ☐ Interviews Conducted
- ☒ Referrals
- ☐ Successful Mediation
- ☐ Unsuccessful Mediation
- ☐ Successful Facilitation

- ☐ Unsuccessful Facilitation
- ☐ Not Resolved
- ☐ Organizational Assessment
- ☐ Training Conducted
- ☐ Remanded

Length of Days Open:
103

Type of Deadline:

- ☐ 45-Day
- ☐ 90-Day
- ☒ No timeframe

DETAIL INFORMATION

Basis:

- ☐ Age
- ☐ Color
- ☐ Disability (Physical or Mental)
- ☐ National Origin
- ☐ Race
- ☐ Religion
- ☐ Reprisal
- ☐ Sex (including sexual harassment)
- ☐ Not Applicable

Referral Office:**ADDITIONAL INFORMATION****Resources Used:**

- ☒ Inhouse
- ☒ Another Federal Agency
- ☐ Private Organizations/Contractors
- ☐ Multiple Resources Used
- ☐ Other

Neutrals Used:

barbara viney

Monetary Type:

- ☐ Monetary
- ☐ Non-Monetary

Status:

- ☐ Closed-Settlement with Benefits
- ☐ Closed - No Formal Complaint Filed
- ☐ Closed - No Resolution
- ☐ Closed - Remanded to OCR 90 day limit
- ☐ Closed - Remanded to OCR
- ☐ Closed - Withdrawn
- ☐ Closed - Rejected
- ☐ Open Inventory - ADR Pending
- ☐ Not mediated
- ☐ Not Accepted
- ☐ Converted to Formal
- ☐ Settled Outside
- ☐ Settled Between Sessions

ADR Method:

- ☐ Coaching
- ☐ Facilitation
- ☐ Mediation
- ☐ Training
- ☐ Organizational Intervention
- ☒ Factfinding
- ☐ Settlement Conferences
- ☐ Early Neutral Evaluations
- ☐ Ombudsman
- ☐ Mini-Trials
- ☐ Peer Review
- ☐ Multiple Techniques Used

Close Case:**Benefits Received:**

- ☐ Compensatory Damages
- ☐ Backpay/Frontpay
- ☐ Lump Sum
- ☐ Attorney's Fees and Costs
- ☐ Temporary Promotion

Monetary Amount:**Non-Monetary Amount:**

- ☐ New Hires
- ☐ Promotions
- ☐ Reinstatements
- ☐ Expungements
- ☐ Transfers
- ☐ Removals Rescinded and Voluntary Resignations
- ☐ Reasonable Accommodations
- ☐ Training
- ☐ Apology
- ☐ Desk Audit - Detail
- ☐ Advertise Vacancy
- ☐ Promotion Potential - Re-evaluate Performance
- ☐ Improved Working Relationship(s)

Complainant(s):

Elisabeth Drake/OIG/USEPA/US

Number of Complainants:

Complainants' Grade (if known): GS-14

Contact AAship:
OIG

Contact Division:

Contact Office:

EPA Employee?
☒ Yes ☐ No

Supporting Documentation (attach files here if needed using paperclip in toolbar):

Exemption 6.



DATA ENTRY HISTORY

Last Updated:
02/05/2014

Who Last Updated:
Barbara Viney

Viney, Barbara

From: Drake, Elisabeth
Sent: Friday, October 25, 2013 9:56 AM
To: Viney, Barbara
Subject: Assault last night

Ms. Viney,

Do you have time today to talk to me? I was assaulted last night by an employee while engaged in the conduct of my official duties and I want to report it as a workplace violence incident.

Regards,

Elisabeth Drake

Viney, Barbara

From: Viney, Barbara
Sent: Friday, October 25, 2013 3:55 PM
To: Berkenkamp, Mitchell; Jamison, Noel
Subject: Incident 10.24.2013.docx - my notes
Attachments: Incident 10.24.2013.docx

Good afternoon.

I am sending you the notes I just typed up from my meeting with the alleged victim of yesterday's reported incident.

I will be teleworking on Monday and available if necessary.

[REDACTED] Exemption 6

[REDACTED] Exemption 5

I have not further action at this point except to wait for that contact.

Regards, Barb.

Barbara Viney
202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460

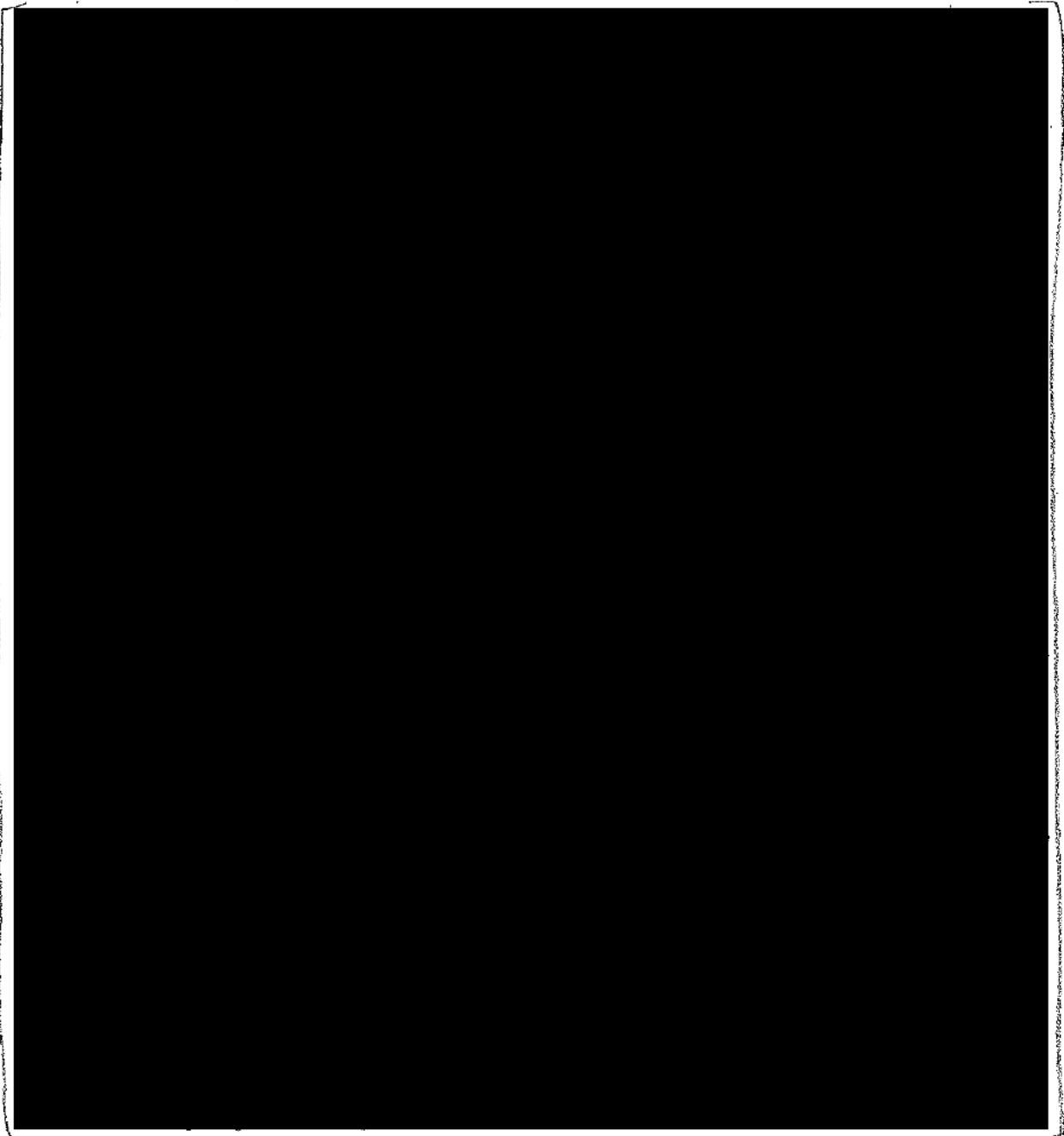


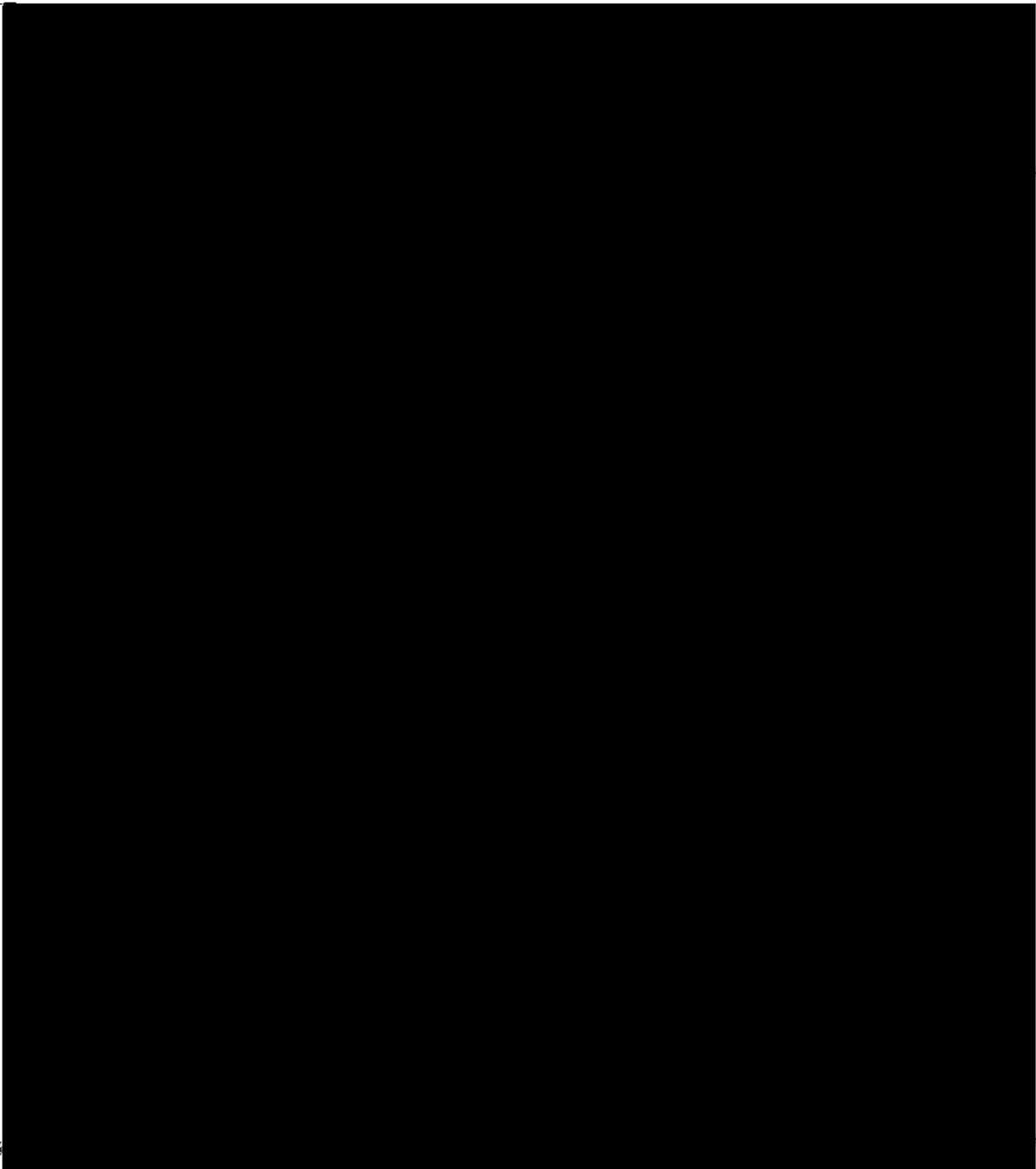
Incident 10/24/2013 as reported by the alleged victim

Time: 6:30 PM

Location: WJC North 6426

Exemption 6





Viney, Barbara

From: Viney, Barbara
Sent: Friday, October 25, 2013 4:07 PM
To: Gaffney, Christopher
Cc: Daggett, Michael
Subject: RE: Draft Interim Guidance

Chris, thanks. So, Mr. Reyes does not know who I am. [REDACTED] *Exemption 5* If you intend to follow my recommendation, I suggest the following tweaks:

Exemption 5
[REDACTED]

If you have any questions or concerns, please don't hesitate to contact me.

I will be teleworking on Monday. If you need to reach me [REDACTED] *Exemption 6* You may certainly keep that for future use.

Regards, Barb.

Barbara Viney
202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460




From: Gaffney, Christopher
Sent: Friday, October 25, 2013 3:33 PM
To: Viney, Barbara
Cc: Daggett, Michael
Subject: RE: Draft Interim Guidance

Barb,

Thanks again for your time. Is the following suitable, please revise as necessary (Should we CC you when we send?):

Exemptions 5+6



If you have any questions or concerns, please don't hesitate to contact me.

Mike
Mike Daggett
DAIGI
EPA OIG OI

Viney, Barbara

From: Viney, Barbara
Sent: Friday, October 25, 2013 4:25 PM
To: Gaffney, Christopher
Cc: Daggett, Michael
Subject: RE: Draft Interim Guidance

Thanks so much. Have a great weekend. Again, I am available to you.
Regards, Barb.

Barbara Viney
202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460



From: Gaffney, Christopher
Sent: Friday, October 25, 2013 4:25 PM
To: Viney, Barbara
Cc: Daggett, Michael
Subject: RE: Draft Interim Guidance

Thanks Barb,

Mike will send with your comments incorporated.

From: Viney, Barbara
Sent: Friday, October 25, 2013 4:07 PM
To: Gaffney, Christopher
Cc: Daggett, Michael
Subject: RE: Draft Interim Guidance

Chris, thanks. So, Mr. Reyes does not know who I am. [REDACTED] If you intend to follow my recommendation, I suggest the following tweaks:

Exemption 5

[REDACTED]

Exemptions 5+6

Exemptions 5+6

[REDACTED]

If you have any questions or concerns, please don't hesitate to contact me.

I will be teleworking on Monday. If you need to reach me my personal cell number is 703-867-0569. You may certainly keep that for future use.

Regards, Barb.

Barbara Viney
202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460



From: Gaffney, Christopher
Sent: Friday, October 25, 2013 3:33 PM
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Cc: Daggett, Michael
Subject: RE: Draft Interim Guidance

Barb,

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Exemptions 5+6

If you have any questions or concerns, please don't hesitate to contact me.

Mike
Mike Daggett
DAIGI
EPA OIG OI

Viney, Barbara

From: Viney, Barbara
Sent: Friday, October 25, 2013 4:37 PM
To: Drake, Elisabeth
Subject: attachments
Attachments: VIW Incident Report.pdf

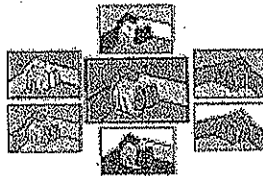
~~~~~  
Good afternoon, I promised you this... I will send the other items another day. I regret I did not get to it.

Regards, Barb.

Barbara Viney

202-564-7972  
Conflict Management Specialist  
Violence Prevention Coordinator

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1200 Pennsylvania Ave., NW  
Washington, DC 20460









## VIOLENCE IN THE WORKPLACE INCIDENT REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|--------------------------------------------------------|----------------------------------|--------------------------------------------------|--|--|-------------------------------------|
| <b>LOCATION/REGION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              | <b>AA-SHIP/PROGRAM OFFICE</b>                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DATE OF REPORT</b>                                  |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <b>WHO WAS INVOLVED?</b><br><table><tr><td><input type="checkbox"/> Supervisor/Manager</td><td><input type="checkbox"/> Employee</td><td><input type="checkbox"/> Former Supv/Empl</td></tr><tr><td><input type="checkbox"/> Family or Friend of EPA Employee</td><td><input type="checkbox"/> Customer/Client</td><td><input type="checkbox"/> Visitor</td></tr><tr><td><input type="checkbox"/> Outsider (Uninvited Stranger)</td><td><input type="checkbox"/> Grantee</td><td><input type="checkbox"/> Co-located Agency Empl.</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Contractor</td></tr></table> |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | <input type="checkbox"/> Supervisor/Manager                                                | <input type="checkbox"/> Employee                                                            | <input type="checkbox"/> Former Supv/Empl                                                     | <input type="checkbox"/> Family or Friend of EPA Employee                                                                                              | <input type="checkbox"/> Customer/Client | <input type="checkbox"/> Visitor | <input type="checkbox"/> Outsider (Uninvited Stranger) | <input type="checkbox"/> Grantee | <input type="checkbox"/> Co-located Agency Empl. |  |  | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Supervisor/Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Employee                                                            | <input type="checkbox"/> Former Supv/Empl                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Family or Friend of EPA Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Customer/Client                                                     | <input type="checkbox"/> Visitor                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Outsider (Uninvited Stranger)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Grantee                                                             | <input type="checkbox"/> Co-located Agency Empl.                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | <input type="checkbox"/> Contractor                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <b>WHERE DID IT HAPPEN?</b> <i>(Location, Bldg, Room #, etc.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <b>WHEN DID IT HAPPEN?</b><br>Month _____ Day _____ Year _____<br>Time: _____ a.m. or p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | <b>THREAT SOURCE</b><br><table><tr><td><input type="checkbox"/> Communicated directly to victim</td></tr><tr><td><input type="checkbox"/> Communicated to another person</td></tr><tr><td><input type="checkbox"/> Verbal</td><td><input type="checkbox"/> Voicemail</td></tr><tr><td><input type="checkbox"/> Mail</td><td><input type="checkbox"/> Note</td></tr><tr><td><input type="checkbox"/> Email</td><td></td></tr></table> |                                                        | <input type="checkbox"/> Communicated directly to victim                                   | <input type="checkbox"/> Communicated to another person                                      | <input type="checkbox"/> Verbal                                                               | <input type="checkbox"/> Voicemail                                                                                                                     | <input type="checkbox"/> Mail            | <input type="checkbox"/> Note    | <input type="checkbox"/> Email                         |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Communicated directly to victim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Communicated to another person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Verbal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Voicemail                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Note                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <b>WHAT HAPPENED?</b><br><table><tr><td><input type="checkbox"/> Physical Violence<br/><i>(Fighting, Assault, Pushing, Shoving)</i></td><td><input type="checkbox"/> Disruptive Behavior<br/><i>(Harassment, Hostility, Intimidation)</i></td><td><input type="checkbox"/> Damage to EPA or Personal Property</td></tr><tr><td colspan="3"><input type="checkbox"/> Threatening Behavior <i>(Bullying, Stalking, Harassment, Threats to bodily harm, property, work/project-related, suicide)</i></td></tr></table>                                                                                                        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | <input type="checkbox"/> Physical Violence<br><i>(Fighting, Assault, Pushing, Shoving)</i> | <input type="checkbox"/> Disruptive Behavior<br><i>(Harassment, Hostility, Intimidation)</i> | <input type="checkbox"/> Damage to EPA or Personal Property                                   | <input type="checkbox"/> Threatening Behavior <i>(Bullying, Stalking, Harassment, Threats to bodily harm, property, work/project-related, suicide)</i> |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Physical Violence<br><i>(Fighting, Assault, Pushing, Shoving)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Disruptive Behavior<br><i>(Harassment, Hostility, Intimidation)</i> | <input type="checkbox"/> Damage to EPA or Personal Property                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
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| <b>WHY DID THIS HAPPEN?</b><br><table><tr><td><input type="checkbox"/> Removal</td></tr><tr><td><input type="checkbox"/> Employee Relations Misconduct</td></tr><tr><td><input type="checkbox"/> Domestic Violence</td></tr><tr><td><input type="checkbox"/> Other <i>(Explain)</i></td></tr></table>                                                                                                                                                                                                                                                                                                                      |                                                                                              | <input type="checkbox"/> Removal                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Employee Relations Misconduct | <input type="checkbox"/> Domestic Violence                                                 | <input type="checkbox"/> Other <i>(Explain)</i>                                              | <b>HOW DID THIS HAPPEN?</b> <i>(Explain in detail. Attach a separate sheet, if necessary)</i> |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Removal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Employee Relations Misconduct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Domestic Violence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |
| <input type="checkbox"/> Other <i>(Explain)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                            |                                                                                              |                                                                                               |                                                                                                                                                        |                                          |                                  |                                                        |                                  |                                                  |  |  |                                     |

### VICTIM INFORMATION

Total # of Victims: \_\_\_\_\_ If victim(s) sustained physical or traumatic/ emotional injury indicate the number(s) in each of the following categories:

\_\_\_\_\_ Physical Injury  
\_\_\_\_\_ Trauma/Emotional Injury

\_\_\_\_\_ Medical Care Required  
\_\_\_\_\_ EAP/Psychological Care  
Provided (ECAP)

\_\_\_\_\_ Workers' Comp Claim(s) Filed  
\_\_\_\_\_ Attended Trauma Debriefing

#### INITIAL RESPONSE (Check all that apply)

\_\_\_\_\_ Situation Defused    \_\_\_\_\_ CRT (LCMAT) Notified    \_\_\_\_\_ Security Called  
\_\_\_\_\_ FPS Called    \_\_\_\_\_ ECAP/EAP Consulted    \_\_\_\_\_ Police Called  
\_\_\_\_\_ Employee Placed on Investigation Status    \_\_\_\_\_ Other

**ACTION TAKEN** (e.g., written warning, suspension, transferred employee, mediation, dismissal, restraining order, charges filed, no action taken, other— with specification)

#### OTHER INCIDENTS REPORTED ON SAME PERPETRATOR?

#### REPORT SUBMITTED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
PVIWP Coordinator: \_\_\_\_\_  
Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

EPA Form 3195-3 (2-09)

#### REMEMBER TO MAIL THIS FORM TO:

National PVIWP Coordinator  
US EPA, Mail Code 3602A  
1200 Pennsylvania Avenue, NW  
Washington, D.C. 20460

**Viney, Barbara**

---

**From:** Viney, Barbara  
**Sent:** Tuesday, October 29, 2013 3:58 PM  
**To:** Drake, Elisabeth  
**Subject:** RE: attachments

Hi, Elisabeth, it would be helpful if you completed it, but if you made a similar statement to FPS, don't worry about it. :) It is my pleasure to serve you. Please don't hesitate to stop by and talk if you need to.

I will be back at my desk tomorrow afternoon and will try to send you the other items I promised you!

Be well, and at peace.

Barb.

Barbara Viney  
202-564-7972  
Conflict Management Specialist  
Violence Prevention Coordinator

Mail Code 3602A  
William Jefferson Clinton North 1402 S/T  
1200 Pennsylvania Ave., NW  
Washington, DC 20460



**From:** Drake, Elisabeth  
**Sent:** Tuesday, October 29, 2013 3:57 PM  
**To:** Viney, Barbara  
**Subject:** RE: attachments

Thank you, Barb,

I can't remember, do I need to fill this out and get this to you?

Thank you again for all of your help and compassion. I really appreciate it.

Regards,

Elli (Elisabeth Drake)

---

**From:** Viney, Barbara  
**Sent:** Friday, October 25, 2013 4:37 PM  
**To:** Drake, Elisabeth  
**Subject:** attachments

\*\*\*\*\*

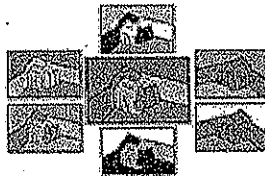
Good afternoon, I promised you this... I will send the other items another day. I regret I did not get to it.

Regards, Barb.

Barbara Viney

202-564-7972  
Conflict Management Specialist  
Violence Prevention Coordinator

Mail Code 3602A  
William Jefferson Clinton North 1402 S/T  
1200 Pennsylvania Ave., NW  
Washington, DC 20460



## Viney, Barbara

---

**From:** Drake, Elisabeth  
**Sent:** Friday, November 01, 2013 2:10 PM  
**To:** Viney, Barbara  
**Subject:** RE: attachments  
**Attachments:** Drake, Elisabeth Violence in the Workplace Incident Report\_21OCT13.pdf

Barb,

I've attached the incident report in a pdf version. I have the hard copy if you need it. Just let me know.

Hope you have a great weekend!

Thank you,

Elli

---

**From:** Viney, Barbara  
**Sent:** Friday, October 25, 2013 4:37 PM  
**To:** Drake, Elisabeth  
**Subject:** attachments

---

Good afternoon, I promised you this... I will send the other items another day. I regret I did not get to it.

Regards, Barb.

Barbara Viney

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Conflict Management Specialist  
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Washington, DC 20460







# VIOLENCE IN THE WORKPLACE INCIDENT REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCATION/REGION<br><u>Washington, DC Headquarters Office of Homeland Security</u>                                                                                                                                                                                                                                                                                                                                                |  | AA-SHIP/PROGRAM OFFICE                                                                                                                                                                                                                                                                                                                  | DATE OF REPORT<br><u>Oct 31, 2013</u>                                                                                                                                    |
| WHO WAS INVOLVED?<br><input type="checkbox"/> Supervisor/Manager<br><input type="checkbox"/> Family or Friend of EPA Employee<br><input type="checkbox"/> Outsider (Uninvited Stranger)                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/> Employee<br><input type="checkbox"/> Customer/Client<br><input type="checkbox"/> Grantee                                                                                                                                                                                                            | <input type="checkbox"/> Former Supv/Empl<br><input type="checkbox"/> Visitor<br><input type="checkbox"/> Co-located Agency Empl.<br><input type="checkbox"/> Contractor |
| WHERE DID IT HAPPEN? (Location, Bldg, Room #, etc.)<br><u>William Jefferson Clinton North Bldg<br/>Room 6426</u>                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                          |
| WHEN DID IT HAPPEN?<br>Month <u>10</u> Day <u>24</u> Year <u>2013</u><br>Time: <u>10:30</u> a.m. or <u>(p.m.)</u>                                                                                                                                                                                                                                                                                                                |  | THREAT SOURCE<br><input checked="" type="checkbox"/> Communicated directly to victim<br><input type="checkbox"/> Communicated to another person<br><input checked="" type="checkbox"/> Verbal<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Email<br><input type="checkbox"/> Voicemail<br><input type="checkbox"/> Note |                                                                                                                                                                          |
| WHAT HAPPENED?<br><input checked="" type="checkbox"/> Physical Violence (Fighting, Assault, Pushing, Shoving)<br><input checked="" type="checkbox"/> Threatening Behavior (Bullying, Stalking, Harassment, Threats to bodily harm, property, work/project-related, suicide)<br><input type="checkbox"/> Disruptive Behavior (Harassment, Hostility, Intimidation)<br><input type="checkbox"/> Damage to EPA or Personal Property |  |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                          |
| WHY DID THIS HAPPEN?<br><input type="checkbox"/> Removal<br><input type="checkbox"/> Employee Relations Misconduct<br><input type="checkbox"/> Domestic Violence<br><input checked="" type="checkbox"/> Other (Explain)<br><u>Employee was talking to assailants subordinate about a routine Inspector General notification</u>                                                                                                  |  | HOW DID THIS HAPPEN? (Explain in detail. Attach a separate sheet, if necessary)<br><u>See attachment</u>                                                                                                                                                                                                                                |                                                                                                                                                                          |



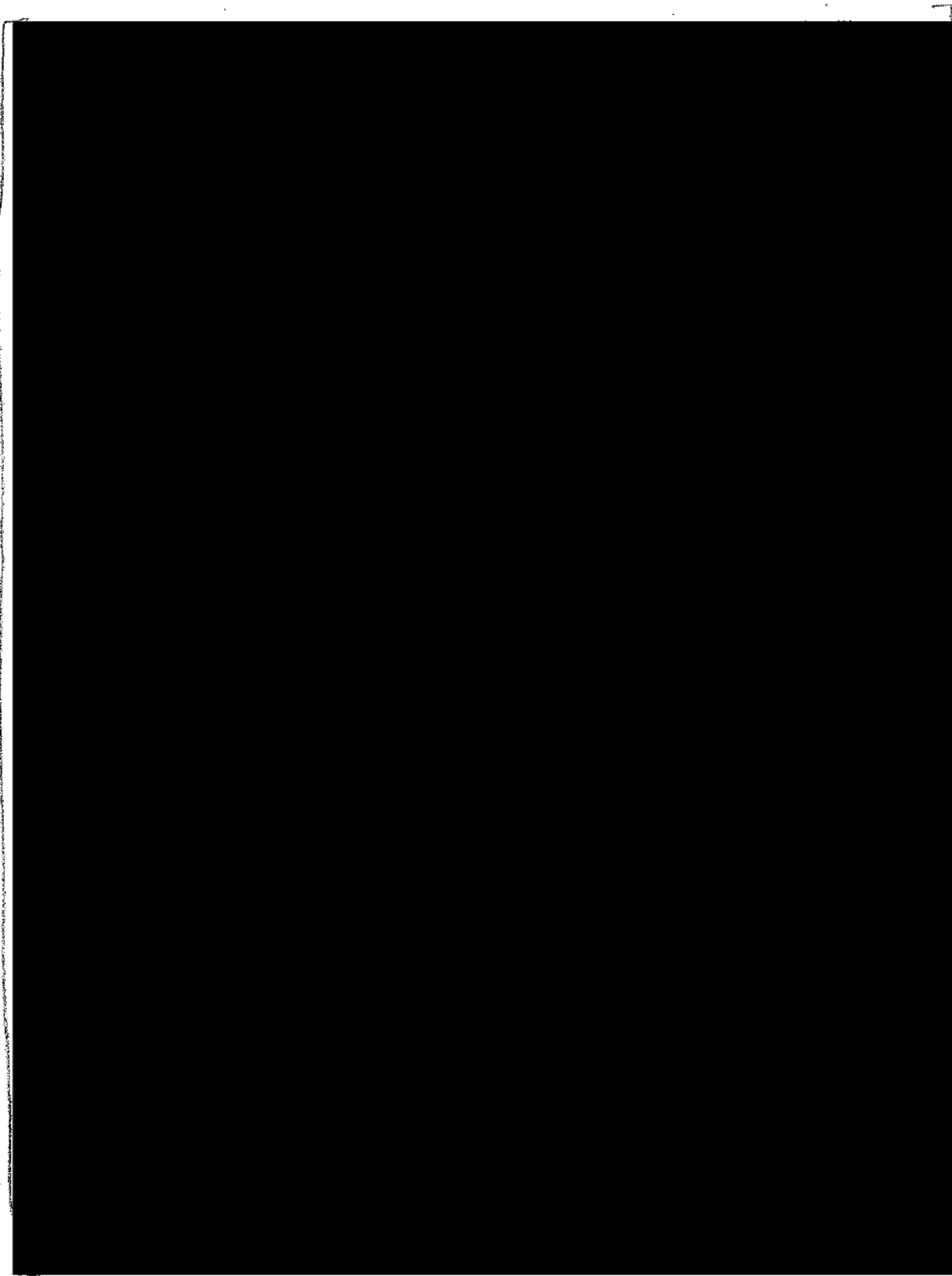
| VICTIM INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total # of Victims: <u>1</u> <i>If victim(s) sustained physical or traumatic/ emotional injury indicate the number(s) in each of the following categories:</i>                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                                                                             |
| <input type="checkbox"/> Physical Injury<br><input checked="" type="checkbox"/> Trauma/Emotional Injury                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Medical Care Required<br><input type="checkbox"/> EAP/Psychological Care Provided (ECAP) | <input type="checkbox"/> Workers' Comp Claim(s) Filed<br><input type="checkbox"/> Attended Trauma Debriefing                                                                                                |
| <b>INITIAL RESPONSE</b> (Check all that apply)<br><br><input checked="" type="checkbox"/> Situation Defused <input type="checkbox"/> CRT (LCMAT) Notified <input type="checkbox"/> Security Called<br><br><input type="checkbox"/> FPS Called <input type="checkbox"/> ECAP/EAP Consulted <input type="checkbox"/> Police Called<br><br><input type="checkbox"/> Employee Placed on Investigation Status <input type="checkbox"/> Other |                                                                                                                   | <b>ACTION TAKEN</b> (e.g., written warning, suspension, transferred employee, mediation, dismissal, restraining order, charges filed, no action taken, other— with specification)<br><br><u>None so far</u> |
| <b>OTHER INCIDENTS REPORTED ON SAME PERPETRATOR?</b><br><br><br><br><br><br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                                                                                                             |
| <b>REPORT SUBMITTED BY</b><br><br>Name: _____ Title: _____<br>PVIWP Coordinator: _____<br>Date: _____ Telephone: _____                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                             |

EPA Form 3195-3 (2-09)

**REMEMBER TO MAIL THIS FORM TO:**  
 National PVTWP Coordinator  
 US EPA, Mail Code 3602A  
 1200 Pennsylvania Avenue, NW  
 Washington, D.C. 20460

Attachment

Exemption 6



Exemption 6



## **Viney, Barbara**

---

**From:** Viney, Barbara  
**Sent:** Friday, November 01, 2013 2:24 PM  
**To:** Drake, Elisabeth  
**Subject:** RE: attachments

Thanks. This is sufficient. How are you doing?

Barbara Viney  
202-564-7972  
Conflict Management Specialist  
Violence Prevention Coordinator

Mail Code 3602A  
William Jefferson Clinton North 1402 S/T  
1200 Pennsylvania Ave., NW  
Washington, DC 20460



---

**From:** Drake, Elisabeth  
**Sent:** Friday, November 01, 2013 2:10 PM  
**To:** Viney, Barbara  
**Subject:** RE: attachments

Barb,

I've attached the incident report in a pdf version. I have the hard copy if you need it. Just let me know.

Hope you have a great weekend!

Thank you,

Ell

**From:** Viney, Barbara  
**Sent:** Friday, October 25, 2013 4:37 PM  
**To:** Drake, Elisabeth  
**Subject:** attachments

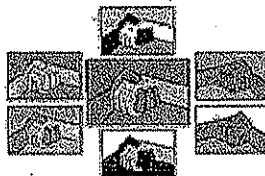
Good afternoon, I promised you this... I will send the other items another day. I regret I did not get to it.

Regards, Barb.

Barbara Viney

202-564-7972  
Conflict Management Specialist  
Violence Prevention Coordinator

Mall Code 3602A  
William Jefferson Clinton North 1402 S/T  
1200 Pennsylvania Ave., NW  
Washington, DC 20460



Viney, Barbara

---

**From:** Viney, Barbara  
**Sent:** Monday, November 04, 2013 4:38 PM  
**To:** Drake, Elisabeth  
**Subject:** RE: attachments

*Exemption 5*

[REDACTED] Thanks for sharing. I will get back to you.

Barbara Viney  
202-564-7972  
Conflict Management Specialist  
Violence Prevention Coordinator

Mail Code 3602A  
William Jefferson Clinton North 1402 S/T  
1200 Pennsylvania Ave., NW  
Washington, DC 20460



---

**From:** Drake, Elisabeth  
**Sent:** Monday, November 04, 2013 1:58 PM  
**To:** Viney, Barbara  
**Subject:** RE: attachments

*Exemption 5 - DP Exemption 6*

---

**From:** Viney, Barbara  
**Sent:** Friday, November 01, 2013 2:24 PM  
**To:** Drake, Elisabeth  
**Subject:** RE: attachments

Thanks. This is sufficient. How are you doing?

Barbara Viney  
202-564-7972  
Conflict Management Specialist  
Violence Prevention Coordinator

Mail Code 3602A  
William Jefferson Clinton North 1402 S/T  
1200 Pennsylvania Ave., NW  
Washington, DC 20460



---

**From:** Drake, Elisabeth  
**Sent:** Friday, November 01, 2013 2:10 PM  
**To:** Viney, Barbara  
**Subject:** RE: attachments

Barb,

I've attached the incident report in a pdf version. I have the hard copy if you need it. Just let me know.

Hope you have a great weekend!

Thank you,

Ellie

---

**From:** Viney, Barbara  
**Sent:** Friday, October 25, 2013 4:37 PM

**To:** Drake, Elisabeth  
**Subject:** attachments

~~~~~  
Good afternoon, I promised you this... I will send the other items another day. I regret I did not get to it.

Regards, Barb.

Barbara Viney

202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460

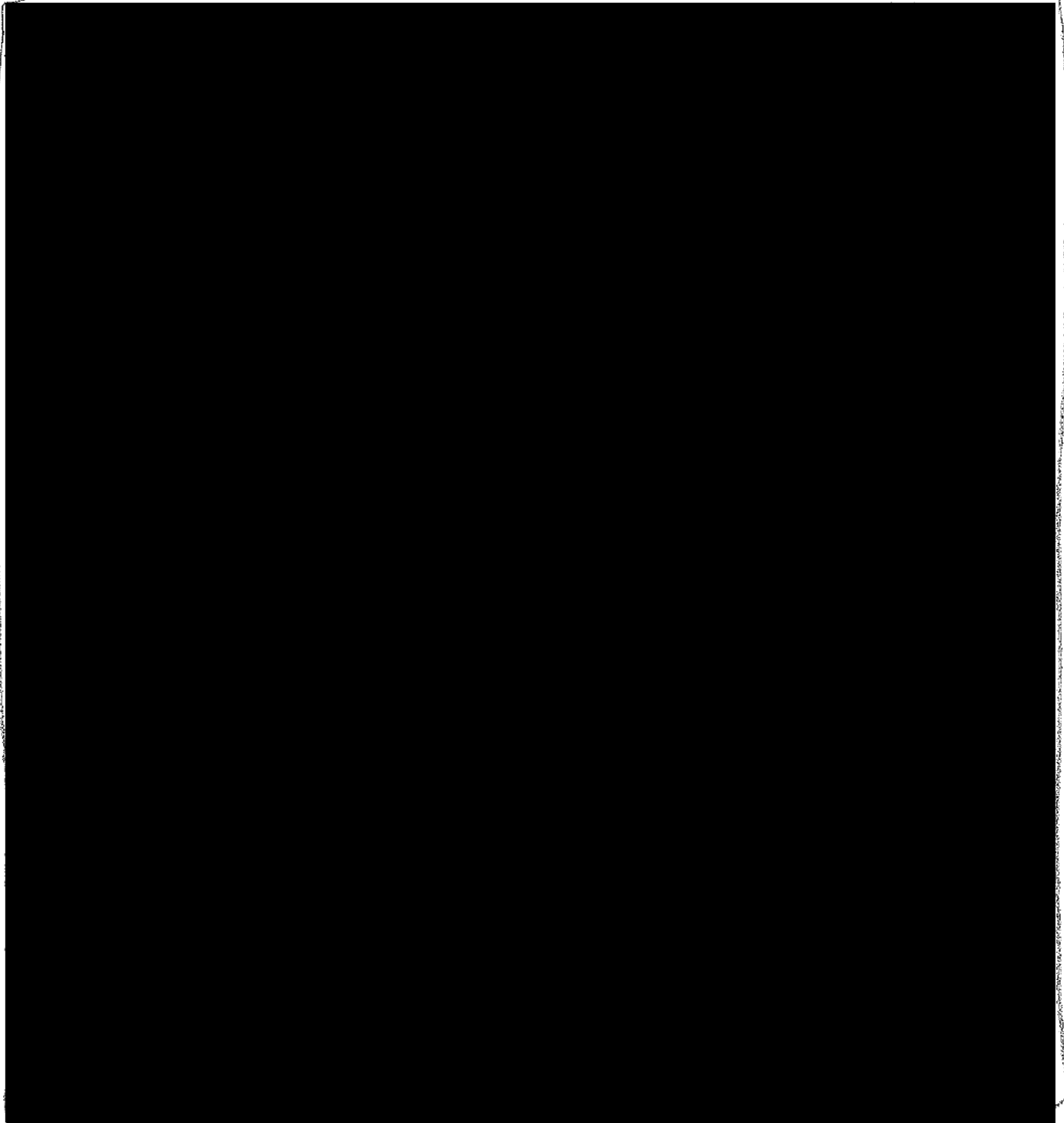


Viney, Barbara

From: Drake, Elisabeth
Sent: Thursday, November 07, 2013 4:30 PM
To: Viney, Barbara
Subject: Thank you and Questions

Barbara,

Exemptions 5+6



Exemptions 5 & 6

[REDACTED]

Have a great weekend!

Elli

Regards,

S/A Elisabeth Drake
U.S. Environmental Protection Agency
Office of Inspector General
Office of Investigations
Desk: (202) 566-1832
BB: (202) 815-6676

Viney, Barbara

From: Viney, Barbara
Sent: Friday, November 08, 2013 11:01 AM
To: Drake, Elisabeth
Subject: RE: Thank you and Questions

Ell,

Good Morning. I have reviewed your questions, appreciate your desire to understand what is occurring regarding the incident you reported to me, and feel the best way to answer them is as follows.

The current EPA Policy for Preventing Violence in the Workplace can be found at the following site:
http://intranet.epa.gov/ohr/rmpolicy/ads/orders/1400_1a2.pdf. That I am aware, there are no statutes that require the agency to have a program for preventing violence. And, it is important to note, this is a violence prevention program.

This program is intended to deter violence, not respond to violence. My responsibility as the coordinator for preventing violence in the workplace is to coordinate with those who will evaluate a reported situation and provide advice and guidance to management in their authority to respond to allegations of concern about an individuals behavior in the workplace, when the allegations are brought to my attention. The protocol we have used for several years now is to advise management how to defuse and de-escalate an incident, conduct an inquiry into the incident, provide findings to the local crisis management team/threat assessment team (team). With that information, the various participants in the team advise management as to next steps for management response.

Exemptions 5 + 6

Exemptions 5+6

7

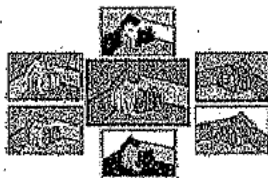


Regards, and peace,

Barb.

Barbara Viney
202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460



From: Drake, Elisabeth

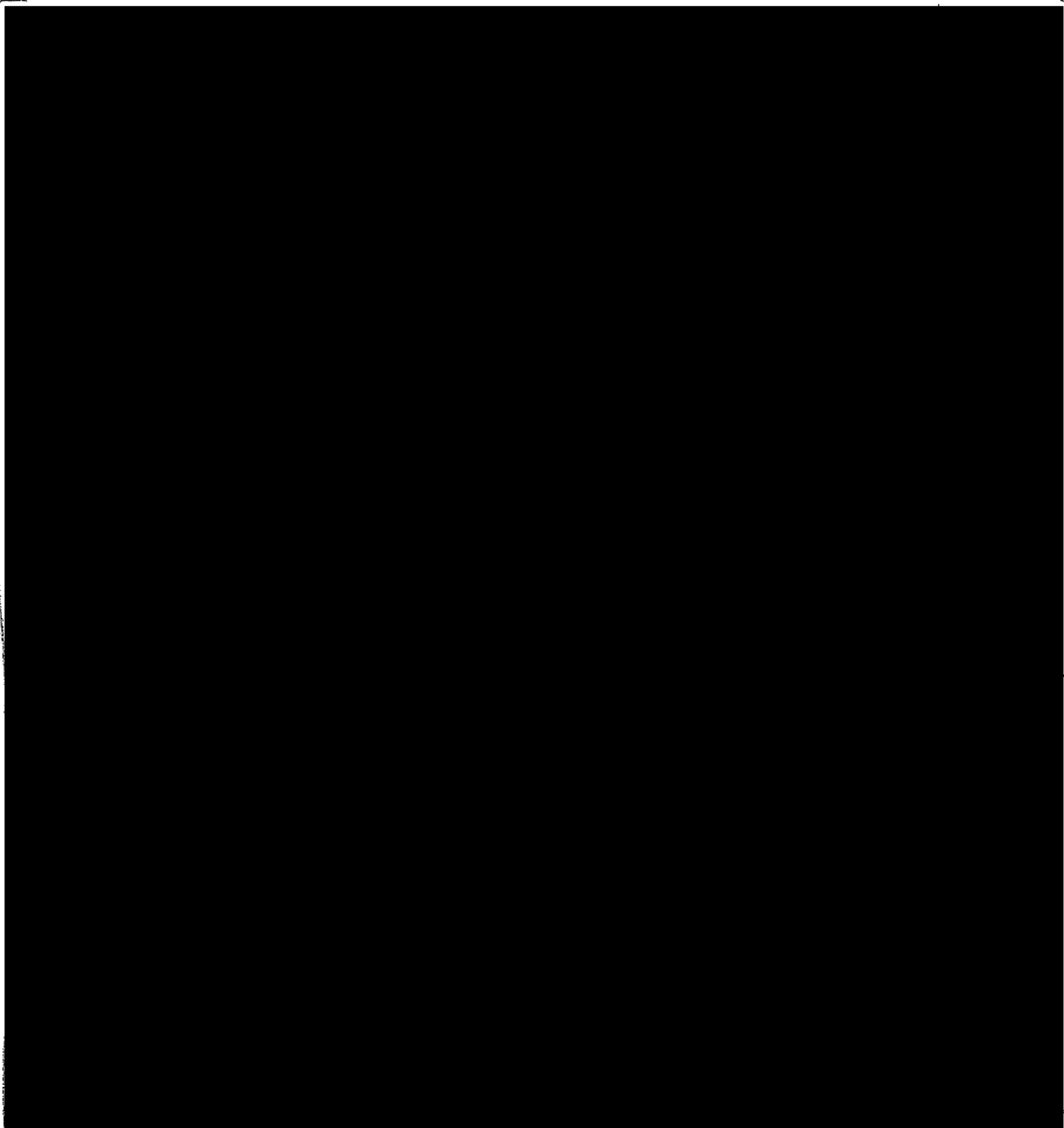
Sent: Thursday, November 07, 2013 4:30 PM

To: Viney, Barbara

Subject: Thank you and Questions

Barbara,

Exemptions 5+6.



Exemptions 5+6

[REDACTED]

Have a great weekend!

Elli

Regards,

S/A Elisabeth Drake
U.S. Environmental Protection Agency
Office of Inspector General
Office of Investigations
Desk: (202) 566-1832
BB: (202) 815-6676

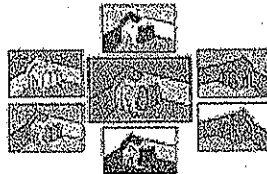
Viney, Barbara

From: Viney, Barbara
Sent: Wednesday, November 13, 2013 8:49 AM
To: Drake, Elisabeth
Subject: RE: Thank you and Questions

Elli, Hi. I hope you are well. I am glad you found my response useful. I am here for you. Regards, Barb.

Barbara Viney
202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460



From: Drake, Elisabeth
Sent: Monday, November 11, 2013 4:43 PM
To: Viney, Barbara
Subject: RE: Thank you and Questions

Thank you, Barbara. That was very helpful for my understanding of your role and the role of your office. I can't say it enough, but thank you for listening and being supportive during this difficult and frustrating time. I hope you're enjoying your holiday weekend.

Elli

From: Viney, Barbara
Sent: Friday, November 08, 2013 11:01 AM
To: Drake, Elisabeth
Subject: RE: Thank you and Questions

Elli,

Good Morning. I have reviewed your questions, appreciate your desire to understand what is occurring regarding the incident you reported to me, and feel the best way to answer them is as follows.

The current EPA Policy for Preventing Violence in the Workplace can be found at the following site: http://intranet.epa.gov/ohr/rmpolicy/ads/orders/1400_1a2.pdf. That I am aware, there are no statutes that require the agency to have a program for preventing violence. And, it is important to note, this is a violence prevention program.

This program is intended to deter violence, not respond to violence. My responsibility as the coordinator for preventing violence in the workplace is to coordinate with those who will evaluate a reported situation and provide advice and

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Exemptions 5+6



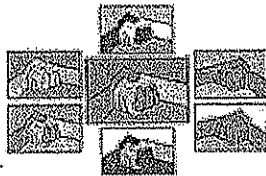
Exemptions 5+6

Regards, and peace,

Barb.

Barbara Viney
202-564-7972
Conflict Management Specialist
Violence Prevention Coordinator

Mail Code 3602A
William Jefferson Clinton North 1402 S/T
1200 Pennsylvania Ave., NW
Washington, DC 20460

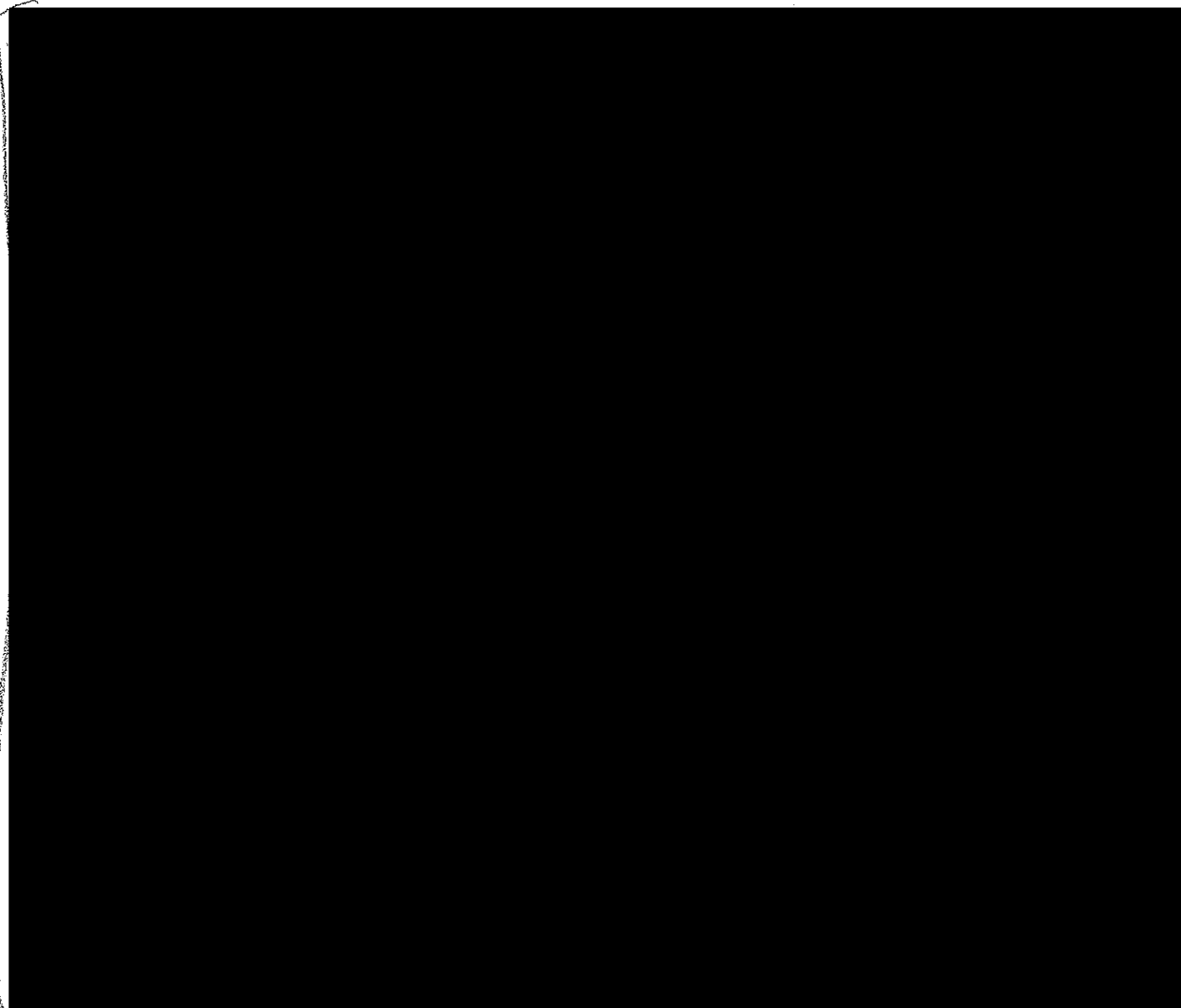


From: Drake, Elisabeth
Sent: Thursday, November 07, 2013 4:30 PM
To: Viney, Barbara
Subject: Thank you and Questions

Barbara,

Exemptions 5+6

Exemptions 5+6



Have a great weekend!

Elli

Regards,

S/A Elisabeth Drake
U.S. Environmental Protection Agency
Office of Inspector General
Office of Investigations
Desk: (202) 566-1832
BB: (202) 815-6676

Viney, Barbara

From: Elisabeth Heller [ellieller@gmail.com]
Sent: Friday, December 20, 2013 12:17 PM
To: Viney, Barbara
Cc: David R. Schleicher
Subject: Our conversation yesterday

Barbara,

Thanks for letting me get back to you from a more private setting. After giving it some thought, it seems likely that their inquiry was generated as a result of a letter a lawyer recently sent on my behalf to the Administrator, asking her to take some corrective action against the offender rather than just telling everyone to stand down. But if their contact is due to that letter, I am confused as to why they would reach out through you rather than addressing my attorney's request for us to have an in-person meeting to resolve these issues. Please relay that he and I remain available to meet with the Administrator's staff and that I was grateful to learn of their concern.

If everyone (like the OIG and you) had been allowed to do their jobs in the first place, this could have been resolved some time ago, but I suppose better late than never.

And, if I don't talk to you before the holidays, I hope yours are merry!

Take care,

Elli
